

TOWNSEND and TOWNSEND and CREW

Atty. Docket No. 230, J-023770

Steuart Street Tower
One Market Plaza
San Francisco, CA 94105
(415) 543-9600

Date JULY 18, 1995

RECEIVED

In re application of

JANET K. YAMAMOTO et al.

AUG 7 1995

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D. C. 20231.

Serial No.

08/335,296

GROUP 1800

Filed

November 7, 1994

Date: JULY 18, 1995

Group Art Unit

1813

For METHODS AND COMPOSITIONS FOR
VACCINATING AGAINST FELINE
IMMUNODEFICIENCY VIRUS

CHG TO
Minified
4-10-95
DB

Karen A. Keno
KAREN A. KENO

THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Enclosed is a petition to extend time to respond.

[X] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

[] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The filing fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	3	MINUS	20	=0	x11=	\$0		x22=	\$
INDEP.	2	MINUS	3	=0	x38=	\$0		x76=	\$
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+120=	\$0		+240=	\$
					TOTAL ADDIT. FEE	\$0	OR	TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[X] No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

[] Claims fee

\$

[X] Any additional fees associated with this paper or during the pendency of this application.

2 copies of this sheet are enclosed.

TOWNSEND and TOWNSEND and CREW

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